



An appraisal of clinical information in referral letters sent to psychiatric service in a teaching hospital

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General Note



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ABSTRACT

BACKGROUND: Referral of patients to hospitals, specialists and other relevant institutions is an essential part of health care. Patients can be referred to mental health specialists from physical health services or vice-versa considering the type of relationship between mental disorders and physical conditions.

AIM: To examine clinical information and other relevant contents of referrals to Mental health specialists of Nnamdi Azikiwe University Teaching Hospital Nnewi, Nigeria.

MATERIALS AND METHODS: Two hundred and twenty one (221) internal referral letters to Mental health specialists, between January 2012 and December 2014 were retrieved. The Clinical information and relevant contents of each letter was documented. Contents of letters such as correct address of specialist, hospital number, gender, age, etc were scored yes when documented in the letter or no when absent. Legibility was scored as good, fair or poor.

RESULTS: Correctly addressed letters comprised 92.3% of the total, Patients age was not indicated in 6.8% of the letters, psychiatric features that necessitated referral was not documented in 75.1% of them, majority 95.0% lacked information on treatment, relevant past psychiatric history was lacking in 46.2%, only 9.0% documented information on investigations while 5.9% were considered to be fairly legible.

CONCLUSION: Referral has considerable implications for patients, health care system and health care costs. As a vital medical communication tool, every effort should be made so that the aim of referral can be maximally achieved.

Keywords: Referral letters, clinical information, specialists

1. INTRODUCTION

Referral of patients to hospitals, specialists and other institutions is an essential part of health care. Patients are referred to specialists when investigation or therapeutic options are exhausted or when opinion or advice is needed from them. Indication for referral may be routine (expertise) or urgent.¹ Referral enables two physicians with different experience and expertise to communicate with each other in finding a solution for a patient's problem and providing the best possible care at the correct time at the correct place. Referral has considerable implications for patients, health care system and health care costs.² Communication between doctors of different experience and expertise is also an important means of education for both.³ Referral letter may also help to prevent patient dissatisfaction and loss of confidence in the system. It also prevents delays in treatment and reduces unnecessary repetition of investigations.⁴

Referral and reply letters are the sole means of communication between doctors. Good communication between carers is essential for the smooth running of any health care system³ and it is also vital for a safe and high quality referral process. Breakdown in communication could lead to poor continuity of care, delayed diagnoses, poly-pharmacy, litigation issues and avoidable investigations.⁵ Even though methods of communication have significantly changed in the past few decades with the advent of mobile phones, internet, email etc., written communication in the form of referral and reply letters are the most common and most of the time sole means of communication between doctors.⁴ In fact there is a general acceptance that official communication should be by letter.⁶

A clear and concise letter with sufficient information will aid the specialist and the patient in many ways. Apart from conveying information referral letters are a valuable source of reference, evidence of informed consent and a medico legal record.⁷ Referral letter ought to reflect the diagnostic skills, communication skills and professionalism of the doctor.⁸ At the same time clarity, legibility and overall format are also important features of a good referral letter including relevant history, examination findings and current management. It should also contain list of known allergies, adverse drug reactions, current medicines, the doctor making the referral is appropriately identified, healthcare setting from which the referral has been made is identified and the healthcare setting to which the referral is being made is identified.

Studies of referral letters have reported that specialists are dissatisfied with their quality and content.^{4,9} Several studies have revealed frequent absence of an explanation for referral, medical history, clinical findings, test results and details of prior treatment in referral letters.¹⁰⁻¹

³Studies that will promote good communication between treating Doctors are needful since it is essential for the smooth running of any health care system.

2. METHODS AND MATERIALS

Two hundred and twenty one (221) internal referral letters to Mental health specialists, between January 2012 and December 2014 were retrieved. The Clinical information and relevant contents of each letter was documented. Contents of letters such as correct address of specialist, hospital number of patient, gender, age, marital status, patient's occupation, psychiatric features present, relevant information on history, information on relevant investigations, information on past psychiatric history, suspected psychiatric diagnosis and medical diagnosis were scored yes when documented in the letter or no when absent. Legibility was scored as good (Doctor and two non medical personnel can read it), fair (Doctor and one non medical personnel) or poor (only Doctor).

3. RESULTS

Table1 Distribution of referral letters based on their content (N = 221)

ITEM OF INFORMATION	Good/Yes N (%)	Fair/No N (%)
Extent of letter legibility	208(94.1)	13 (5.9)
Letter addressed correctly	204(92.3)	17(7.7)

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Patient's age written	206(93.2)	15(6.8)
Patient's marital status written	53(24)	168(76)
Patient's sex written	221(100)	
Patient's occupation written	41(18.6)	180(81.4)
Psychiatric features written	55(24.9)	166(75.1)
Relevant information on history written	22(10)	199(90)
Relevant information on treatment written	11(5)	210(95)
Relevant information on investigations written	20(9)	201(91)
Relevant information on past psychiatric history written	119(53.8)	102(46.2)
Suspected psychiatric diagnosis written	131(59.3)	90(40.7)
Medical diagnosis written	179(81)	42(19)

4. DISCUSSIONS

Among the letters retrieved, majority (94.1%) were regarded as good in terms of legibility while 7.7% were not correctly addressed. Patient's age and marital status was not written in 6.8% and 76.0% of the letters respectively. Patient's occupation, features that warranted referral and history of present problem were lacking in 81.4%, 75.1% and 90.0% of them while information concerning treatment and investigations were missing in 95.0% and 91.0% respectively. Suspected medical and psychiatric diagnosis was not documented in 19.0% and 40.0% of the letters respectively.

Studies of referral letters have consistently reported that specialists are dissatisfied with their quality and content. The concerns most often expressed are the frequent absence of an explanation for referral, medical history, clinical findings, test results and details of treatment. A limited audit of 80 referral letters by a radiation oncologist in Sydney revealed that 95% reported the diagnosis; only 56% provided a history of the current illness. Less than half of the letters described the clinical findings or included information on medical history, social history, current medications or allergies.¹⁴ The table below adapted from the work of Martin H.N et al,¹⁵ shows reports of some authors though with varying figures.

Table 2 Summary of studies on content of referral letters (n = number of letters analysed)

Item of information	Hansen et al (n=141)	Newton et al (n=39)	Long and Atkins (n=80)	Newton et al (n=159)
Reason for referral	86%	95%		92%
History of problem	90%	95%		94%
Medical history	29%	62%		87%
Clinical findings	66%	36%		79%
Findings on investigation/tests	45%	15%		73%
Current medication		56%		92%
Provisional Diagnosis	66%		61%	

Pointing out deficiencies in the content/quality of referral letters highlights the opportunity for discussing issues that will enhance doctors' diagnostic skills, letter writing skills, improve general patient care and consideration of a uniform letter format. A number of authors have mentioned time constraints^{1,4} and lack of secretarial support³ as reasons for incomplete and badly written referral letters.

Attempts have been made to improve the quality of referrals. It has been suggested to include letter writing skills in the medical curriculum of both undergraduate and post graduate courses.^{1, 16} Peer assessment and feedback have been identified to improve the quality of referral letters.¹⁷ Several studies have reported the use of form letters to enhance information content and communication in referral from general practitioners to hospital and medical specialists.¹⁸⁻²²

Study may have been limited by the relatively small number of referral letters available for review. This may be due to the fact that few patients with psychiatric symptoms are referred to specialists. The study also focused on the content of documents.

5. CONCLUSIONS

Referral has considerable implications for patients, health care system and health care costs. As a vital medical communication tool, every effort should be made so that the aim of referral can be maximally achieved. Generally the problems associated with current referral process and referral letters has made some institutions to consider use of, if not already using printed form letters. Expectations of specialists regarding the quality/standard of referral letters should also be considered for any option being used since it is a vital medical communication tool.

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